

EXHIBIT B

092 555 215 d

**US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.**

No Insurance Coverage Provided.
See reverse for International Mail (See reverse)

Sent to	
Street & Number	1040 Park + Tradewinds
Post Office, State, & ZIP Code	Alex New York 10027-6231 USPS DC 28231
Postage	\$. 78
Certified Fee	1 - 10
Special Delivery Fee	
Rushmail Delivery Fee	1 - 10
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Requested Why?	
Date & Signature of Addressee	
TOTAL Postage & Fees	\$ 2.98
Postmark of Date	MAY 1986

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to: <i>Company name of John T. Architects</i> <i>Box 1 and 1/2</i> <i>Washington D.C. 20031</i>	4a. Article Number <i>9512 555 760</i>
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> <i>W</i>	<input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> Insured <input checked="" type="checkbox"/> <i>W</i>
5. Received By: (Print Name) <i>[Signature]</i>	6. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <i>[Signature]</i>	
PS Form 3811, December 1984	

Domestic Return Receipt